CARES Commission
Post Hearing Summary

VISN 7 – Charleston Hearing
September 8, 2003

I. Commissioners in Attendance
- Charles Battaglia
- Joseph Binard, M.D., Hearing Chair
- Sister Patricia Vandenberg
- Michael Wyrick, Major General, USAF Retired

II. Market Areas Address in this hearing
- South Carolina Market

III. Market Area Summary

Market Area	Planning Initiative (PI)	Market Plan Recommendation	Draft National CARES Plan Recommendation
South Carolina	Access: Only 63%of the veterans enrolled resided within the access standard. Access to Primary Care was identified as a PI. Only 53% of the veterans enrolled resided within the access standard for Hospital Care. Access to Hospital Care was identified as a PI.	Add the following CBOCs: Spartanburg, Anderson, Beaufort, Summerville, and Hinesville. These additional sites of care will raise the primary care access to 70% in 2012 and 71% in 2022.	To address primary care gap, the South Carolina market will receive 3 new CBOCs: Hinesville, Spartanburg, and Summerville. The acute hospital gap will be met in the South Carolina market by contracts in Greenville and Savannah.
South Carolina	**Outpatient Primary Care** growth over FY 2001 baseline is 20% in 2012 with 52k-s and 8% in 2022 with 20k-s; two out of the four criteria were met, and a PI was identified for Outpatient Primary Care. **Outpatient Specialty Care** growth over FY 2001 baseline is 100% in 2012 with 194k-s and 94% in 2022 with 181k-s; four out of the four criteria were met, and a PI was identified for Outpatient Specialty Care. **Outpatient Mental Health** growth over FY 2001 baseline is 60% in 2012 with 56k-s and 34% in 2022 with 32k-s; four out of four criteria were met, and a PI was identified for Outpatient Mental Health	The South Carolina market treating facilities face significant workload increases in outpatient specialty care and primary care. **Adding sites of care, enlarging current CBOCs, and using all available VAMC space to increase their capacity**, will address these workload increases.	Increasing demand for primary care and specialty care in all 3 markets and mental health in the SC market will be met by addition of 15 new CBOCs, expansion of existing CBOCs via contract, lease and new construction. Demand will also be met by reconfiguration of space at the VAMCs via renovation, conversion of vacant, new construction and leasing**.**
South Carolina	**Inpatient Medicine Care** growth over FY 2001 baseline is 40% in 2012 with 40 Beds; 22% in 2022	Hospital access will be improved by contracting for medical/surgical inpatient stays	Increasing demand for medicine and psychiatry care in the SC market will be met by contract hospital sites, conversion of

	with 23 Beds; three out of the four criteria were met, and a PI was identified for Inpatient Medicine Care. **Inpatient Psychiatry Care** growth over FY 2001 baseline is 79% in 2012 with 23 Beds; 43% in 2022 with 13 Beds; three out of the four criteria were met, and a PI was identified for Inpatient Psychiatry Care.	in the Greenville and Savannah communities, raising hospital access to 82% in 2012 and 82% in 2022. The inpatient program in the DoD MTF in the Savannah community was considered for use, but the lack of capacity makes this option not viable. Savannah and Greenville hospital services will be provided by community hospitals. 100% of SC enrollees live with the access guidelines for tertiary care.	vacant space, new construction, renovation, and leasing as required by each site of care.
South Carolina	**Extended Care: N/A**	**N/A**	Proposed capital investments for Nursing Home Care Units (NHCU) to remedy space deficiencies include the renovation of 67,247 existing sq. ft. in the SC market (Charleston & Columbia).
South Carolina	Enhanced Used	The **Medical Univ of SC** has proposed buying the existing **Charleston VAMC** and property and then through an Enhance Use, leases new hospital space to the VA. **NOTE: This is not specifically mentioned in the DNCP. Also, the original market plan has been modified at the VISN level. New proposal is for the Medical University of SC to lease land from VA.**	.
South Carolina	VBA Collaborative Opportunity	A memo of agreement has been signed to collocate the **Columbia VARO** onto the **VAMC** campus through an Enhanced Use Lease development project. The VARO will be located in new leased space on the western end of the campus on 26 acres of undeveloped land. A solicitation for a master developer is to be advertised in FY 03.	Columbia VAMC has an enhanced use project utilizing 26 acres. This project will co-locate VBA's VARO on the Columbia VAMC property

South Carolina	DoD Collaborative Opportunities	**Beaufort** CBOC is currently located at the Navy MTF. The Navy has plans to replace this facility within the next 5 years and has asked VA for construction funds so the CBOC can be included. VHA declined based on project use, costs ($3 million), and access to the military base. **Charleston** is exploring the possibility of leasing outpatient space at Hunter Army Airfield, as well as inpatient services at Ft. Stewart (it is unclear whether Ft. Stewart has the capacity) and a possible join venture with the Navy for a new Hospital. The **Dorn VAMC in Columbia** has collaborated with DoD to provide and enhance a number of services resulting in over $2 million in savings in FY 2002.	The Following are the new DOD/VA opportunities VISN 7 is planning or exploring in the South Carolina market: (1) **Charleston** plans to construct a new **Savannah CBOC** at **Hunter Army Airfield** when the current **Savannah CBOC** lease expires in 2005. (2) **New Hinesville GA CB**OC will either be on the **Ft. Stewart Army Base** or in the **Hinesville** community. (3) Plan to contract for hospital care in the **Savannah** community may be met by purchasing DoD care from nearby **Ft. Stewart**. (4) VISN 7/DoD has a Tiger Team in place to evaluate additional sharing opportunities including possible application for demonstration site for the VA/DoD Health Care Resources Sharing Project (NDAA).
South Carolina	Facility Condition	The Columbia and Charleston medical centers were identified by the VISN as requiring renovation to bring the inpatient space up to community standards.	Inpatient wards - The inpatient ward conditions at the **Columbia, and Charleston** VAMC's were identified as a VISN Planning Initiative.
South Carolina	A proximity PI (Tertiary Facilities within 120 mile of each other) was identified for Columbia and Augusta and Columbia and Charleston.	The Columbia VAMC is 116 miles west of the Charleston VAMC and 82 miles to the east of Augusta. The recommended solution for this PI is to maintain all facilities (Columbia, Augusta and Charleston) through the integration and consolidation of facility services. The VISN has already initiated the integration of many acute care services and most of the administrative services have already been consolidated.	**Augusta, Columbia, Charleston**: The status quo is recommend, since no additional consolidations of services are feasible, and the CARES model projects significant need for additional capacity in specialty care and medicine. Consolidations have already taken place in the areas of cardiac surgery, neurosurgery, invasive/interventional cardiology, orthopedics, and administrative services

IV. Brief Description of Hearing Testimony

Panel 1: Network Leadership

- Mr. W. Kenneth Ruyle, Acting Network Director, VISN 7
- Dr. Carter Mecher, Chief Medical Officer, VISN 7
- Mr. William Mountcastle, Director, VA Medical Center, Charleston, SC
- Mr. Brian Heckert, Director, VA Medical Center, Columbia, SC
- Ms. Laura Krejci, CARES Coordinator, VA Medical Center, Columbia, SC

Mr. Ruyle began his testimony by describing the process utilized in VISN 7 to respond to gaps in health care services for veterans. Mr. Ruyle described the demography of South Carolina, characterizing it as rural and medically underserved. VA Medical Centers are located in Charleston and Columbia and nine community based outpatient clinics (CBOCs) exist in Myrtle Beach, Anderson, Orangeburg, Sumter, Greenville, Florence, Beaufort, and Rock Hill.

As with all of VISN 7, the South Carolina market is growing. While the baseline year of 2001 indicated base-line penetration rate (enrollees/veteran population) of 24%, the rate of growth is projected to reach 33% by fiscal year 2022. South Carolina has significant capacity gaps with this expected increased workload in areas of outpatient primary and specialty care, mental health, and inpatient medicine and psychiatry. Mr. Ruyle discussed recommendations in the Draft National Cares Plan (DNCP), which primarily provide for the addition of 5 CBOCs – three of which are new and two, which are already operational since they were included in the baseline year of 2001.

In response to questions from Commissioners to elaborate on how the proposed new CBOCs would actually solve gaps in capacity and long wait lists, Mr. Ruyle stated that he is convinced that the additional CBOCs will indeed do away with the waiting lists and gaps in capacity. However, he did express concern that appropriate funding for these CBOCs was the key to success.

The Commissioners and the Network Leadership engaged in rich discussion regarding the recommendation to move specialty care into the CBOC setting. At the present time, specialty care is not provided in CBOCs. When asked to explain the plan to provide specialty care in CBOCs, Mr. Ruyle stated that some specialty care would continue to be provided in the medical centers but in outpatient settings, specialty care would be provided with the establishment of "super clinics", a term generally used to describe multi-service outpatient operations. The difficulty, however, lies in the determination of what types of specialty care and sub-specialty care are to remain in medical centers and move to outpatient clinics. The Network was asked to identify the types of specialty care services that will move into outpatient settings.

The Network Leadership was asked to provide further insights into the use of contract service providers to respond to hospital care access gaps. Of particular interest is contracting in the Greenville and Savannah areas because testimony indicated hesitation on the part of community care providers to engage in contracts with VA. The Network

Leadership explained that while they did not have firm contracts in place, they do have agreements with community care providers to respond to emergent health care needs.

Another rich topic of discussion centered on Enhanced Use Lease (EUL) with the Medical University of South Carolina, Department of Defense, and the Veterans Benefits Administration. The Network has several opportunities to partner with enterprises and organizations under the EUL program. However, as stated in testimony, the current EUL process is time consuming and very slow to receive decisions. The Network Leadership stated that once the EUL proposal leaves the local facility, there is little information from the VA Central Office on the progress toward approval (or disapproval). It was noted that the entire capital asset enterprise organization has undergone reorganization. Nevertheless, many fear that the process hinders innovative EUL opportunities because enterprise organizations lose interest.

Further discussion on EUL opportunities among Commissioners and Network Leadership lead to dialogue regarding exploring additional partnering opportunities with public and private sector agencies to provide services directly or indirectly to veterans. For example, when asked about efforts to help homeless veterans in the market area, the Network Leadership allowed how the network provides more than 300 beds a day for homeless veterans and that each medical center has contracts in place to help homeless veterans or has a domiciliary operation. The actual size of the homeless veteran population was unknown to the Network Leadership. The Network will provide data regarding the size of the homeless veteran population in order that the Commissioners may assess the Network's ability to respond to need.

The Network Leadership summarized the South Carolina market area as one that is expanding and growing. The DNCP's recommendations for this market area will respond to inpatient and outpatient capacity and access gaps. However, it was noted in testimony that additional data on mental health, psychiatry, and long-term care are needed in order to ensure integration of solutions to meet the need for these services. Specialty care and sub-specialty care will continue to be addressed in the best setting available to the Network; i.e., either in CBOCs, medical centers, or both. The definitive factor, though, is what types of specialty and sub-specialty care will be provided at these settings.

Panel 2: State Veterans Affairs Directors and Veteran Service Organizations

- Mr. Lee Caulder, Acting Director, Division of Veterans Affairs
- Mr. Jimmy Hawk, The American Legion
- Mr. Bryan Kerouac, Disabled American Veterans
- Ms. Alta Milling, Vietnam Veterans of America

Panel members were generally in agreement that the DNCP for this market area attempts to respond to the greatest needs of veterans. There were varying degrees of stakeholder involvement but all felt that they had at least some opportunity to be involved in the process. However, all had concerns with certain aspects of the plan. These concerns are categorized as follows:

1. Whether appropriate funding will be provided to allow the Network to proceed with implementing recommendations from the DNCP?
2. Will the recommendations truly reduce the wait lists and provide increase access to services and locations for services?
3. Whether special populations such as women veterans and veterans with mental health and psychiatry needs will be adequately served?
4. All veterans, service-connected disabled veterans and non service-connected disabled veterans alike, should be able to receive the health care services they need or are eligible to receive.
5. Will VA be able to recruit and retain appropriate staffing?
6. Contracting for veterans' health care is not appropriate to respond to the unique health care needs of veterans. Additionally, there was concern that no mechanism is in place to ensure that if contracting for care is necessary, that the contract will be maintained.

Panel 3: Employee Representatives

- Ms. Kate Smith, President NAGE R5-150
- Mr. Fletcher Truesdell, President, NAGE R5-136

Panel members expressed concerns that the CARES process placed too much emphasis on capital asset realignment and not enough emphasis on human capital asset realignment. With the pressure to build or expand CBOCs, the employee representatives are concerned that VA will not be able to relocate existing staff to these locations nor will it be able to recruit appropriate staff due to serious shortages in health care and other professions. Testimony was provided regarding the national recruiting crisis for nurses and the competitive strategies to recruit nurses through such things as very enticing cash bonuses.

When Ms. Smith was asked to comment on information the VISN provided regarding innovative approaches to recruit nurses, Ms. Smith explained the collaborative arrangement with a local nursing school in Charleston that has expanded its enrollment for nursing students. VA's contribution to this collaborative arrangement is with staff time in lieu of financial assistance.

Both employee representatives opined that the Network could have done a better job in partnering with union representatives throughout the CARES process.

Panel 4: Medical Affiliations and Collaborative Partners

- Raymond Greenberg, MD, Medical University of South Carolina
- Larry Faulkner, MD, University of South Carolina School of Medicine
- Captain Greg Hall, U.S. Navy, Executive Officer, Charleston Naval Hospital
- Mr. Joseph Riley, Mayor, Charleston, South Carolina
- Mr. Carl Hawkins, Director, VBA Regional Office, Columbia

Each panel member discussed their involvement with CARES process, which provides various collaborative opportunities with VA under the Enhanced Use Lease process.

The Medical University of South Carolina's long-term vision is to build a new 150-bed university hospital. With this new hospital, the Medical University would provide designated beds to VA. Additionally, this opportunity provides for the sharing of support services such as laboratory, Radiology, Radiation Therapy, operating rooms, parking facilities, central energy facility, and others. In the short-term, an enhanced use lease agreement, which is also a CARES recommendation emanating from the Network, calls for the leasing of land that would provide access to acreage upon which the new hospital construction will occur.

Dr. Faulkner from the University of South Carolina School of Medicine works closely with the Columbia VA Medical Center. Dr. Faulkner expressed his concerns regarding the ability to continue the medical training affiliation with VA since VA is the main teaching facility for medical students and residents of the University. Dr. Faulkner is also concerned with VA's ability to recruit and retain qualified physicians and nurses in an atmosphere of generating units of service. In other words, Dr. Faulkner opined that health care providers need to be relieved of the pressure to see more and more patients so that they can concentrate on taking care of patients. The Commissioners were reminded of the challenge VA faces in recruiting qualified medical staff in urban areas not to mention rural areas.

Captain Hall expressed his personal views and observations regarding Department of Defense and VA sharing agreements. In the case of the Naval Hospital in North Charleston, Captain Hall explained that this facility was a hospital in name only with no inpatients. In actuality, this Naval Hospital is an ambulatory care facility. Emergencies are referred to the community and patients needing overnight care are most often admitted to Trident Medical Center, the Navy's civilian partnership hospital.

Although VA and the Naval Hospital do not currently have any active sharing agreements, they are in continual discussions to identify services which one operation has in excess and the other has in shortage. However, the Captain explained there are three major difficulties in sharing agreements -- shortages in military provider inventories, military physicians are subject to deployment in support of National defense policies, and the Navy has been unable to match Naval Hospital service availability with the VA medical center and vice versa.

In spite of this, however, Captain Hall did elaborate on two high potential areas for collaboration. The first relates to the pilot project being conducted in San Diego, California, which is testing joint Army, Navy, and Air Force pharmaceutical care services with VA's Consolidated Mail Order Pharmacy (CMOP). Under this pilot project, initial prescriptions take place at the military treatment facility but requests for mail order refills are shared with VA's CMOP. The results of this pilot will be reported shortly. Since there is a VA CMOP in Charleston, Captain Hall hopes to expand the Department of Defense and VA sharing in the pharmacy arena.

The second opportunity is that Naval Medicine is currently considering construction of a Naval Ambulatory Care Clinic on the Naval Weapons Station in Goose Greek, South Carolina. Captain Hall would like to pursue the possible joint venture with VA in the construction of the clinic, provider sharing, and other collaborative efforts.

Mr. Hawkins discussed the status of the co-location of the VBA Regional Office in Columbia on the grounds of the Columbia VA Medical Center. This co-location project has received approval but the current status is unknown. Mr. Hawkins outlined a variety of benefits to be achieved through this co-location effort such as increased handicap parking and facilities, improved accessibility to veterans, improved services to veterans, reduced net costs, improved employee working conditions, and maximized use of VA assets.

Mayor Riley thanked the Commissioners for their interest in the future welfare of Charleston's VA Medical Center. Additionally, Mayor Riley expressed his support of the collaborative opportunity between the Medical University of South Carolina and the Charleston VA Medical Center. Mayor Riley suggested that this collaborative opportunity could serve as a model for other VA Medical Centers who are exploring enhances services and care to veteran through highly affiliated medical universities.

Commissioners were interested in the decline in medical school enrollees nationally and asked for the status of enrollees in South Carolina. Both Dr. Greenberg and Dr. Faulkner stated that they are seeing a decline in applications for medical school but the actual number of enrollees is growing. Additionally, if there is a decline, Dr. Greenberg allowed that the decline is from out-of-state applicants. Commissioners were also interested in whether medical trainees and residents served any rotation through the CBOCs. Both Deans stated that their goals include exposing all students and residents to medical training and education in rural areas and certainly see CBOCs as a venue to continue those goals.

Dr. Faulkner was asked to comment on recruitment and retention problems especially in specialty care. Dr. Faulkner explained that while the University of South Carolina Medical School was known as a primary care medical school, about two-thirds of the medical school graduates are in primary care, the remaining one-third of the school's graduates are in sub-specialties. However, he noted that some of the sub-specialty needs at VA are not necessarily the areas that their students are graduated in.

The Commissioners asked Captain Hall if the Department of Defense's Base Realignment and Base Closure has any impact on the suggestion about joint sharing with VA in the Charleston area. Captain Hall stated there are always rumors about base closures but in the case of the Naval Weapons Station there is nothing to indicate an impending closure. Mayor Riley agreed.

Dr. Greenberg was asked to comment further on the long-term vision of the Medical University. Dr. Greenberg explained that the Medical University envisions three phases at the cost of $1 billion per phase. He recognized the importance to veterans that VA

maintain its own identify and assured the Commissioners that identify would be preserved.

Mr. Hawkins was asked to elaborate on the net savings to VA through the co-location of the regional office to the medical center grounds. Mr. Hawkins indicated that while the actual financial data were still being developed, he stated that VBA is currently spending $1.1 million in rent each year at the regional office's current location. This figure did not include maintenance and other operational expenditures.

Commissioners asked Mr. Hawkins if there is a VBA presence at the Charleston VA Medical Center, such as claims representatives. Mr. Hawkins stated that the only presence currently at the Charleston VA Medical Center is that of the Vocational Rehabilitation and Employment program. When asked if there was any consideration to adding claims representatives at Charleston, Mr. Hawkins responded that that was not being considered at the present time.

In response to a question regarding the percentage of clinical contacts the medical students and residents have at the Columbia VA Medical Center, Dr. Faulkner stated that about one-third of the clinical contacts are at the VA Medical Center.

Captain Hall was asked to comment further on the future of the Naval Hospital at North Charleston. Captain Hall explained the Naval Hospital would remain an ambulatory care facility with some outpatient surgical procedures. It is not anticipated to include inpatients. The Naval Hospital's maintenance costs are in excess of $1 million per year. Further, the hospital has lots of attendance. When asked further if the Naval Hospital was suited for the surrounding population, given the fact that many military retirees reside in the area, Captain Hall stated that the Naval Hospital is probably not well suited because of its ambulatory care mission. Again, many inpatients are referred to Trident Medical Center.

Panel 5: Employee Representatives

- Mr. Raymond Mitchell, Vice President AFGE Local 915
- Mr. David Mollett, President, Local 5th District Representative
- Ms. Janese Staley

The employee representatives expressed their concerns regarding heavy workloads for medical and other staffs and the pressure to rush through providing care to veterans. Also, they expressed concerns regarding staffing shortages, especially nurses.

When asked about his or her involvement in the CARES process, everyone agreed that union participation had been limited. They felt they had received documentation about the CARES process. However, they did not feel that there was interaction in meetings. In fact, one representative stated that meetings on the CARES process generally started at 8 a.m. However, his responsibilities at the medical center meant he could not leave his area until additional staff reported to work, which was at 9 a.m.

When asked to elaborate on staff shortages, Ms. Staley explained that there is an unofficial freeze in hiring and there was no incentive to work overtime because of lack of funds.

V. Commissioner Views

VISN 7 Market Area	Subject	DNCP Recommendation	Commissioners' Views
South Carolina	Access to Primary Care and Hospital Care	To address primary care gap, the South Carolina market will receive 3 new CBOCs: Hinesville, Spartanburg, and Summerville. The acute hospital gap will be met in the South Carolina market by contracts in Greenville and Savannah.	Commissioners agreed conceptually with the recommendation to add three new CBOCs to respond to Access to Primary and Hospital Care. However, Commissioners would like to see supporting data for selection of the geographic locations in the South Carolina market. Data should support the three additional CBOCs will raise level of access to 70%.
South Carolina	Outpatient Primary Care, Specialty Care, and Mental Health	Increasing demand for primary care and specialty care in all 3 markets and mental health in the SC market will be met by addition of 15 new CBOCs, expansion of existing CBOCs via contract, lease and new construction. Demand will also be met by reconfiguration of space at the VAMCs via renovation, conversion of vacant, new construction and leasing.	Commissioners agreed conceptually with the recommendation to add 15 new CBOCs to respond to increasing demand for primary and specialty care. However, Commissioners would like to see data that support these new CBOCs. Specialty care at CBOCs raised some concerns for Commissioners. Of significance, Commissioners are concerned that no analysis is available or was provided to determine the kinds of specialty services to be offered in CBOCs and that no CBA has been done to determine the effectiveness of moving subspecialties out of VAMCs and into CBOCs. Further, Commissioners observed through testimony that there may be less need for expansion in VAMCs if specialty care is moved to CBOCs. Commissioner would like a description of "Super Clinics", since this term was used to explain the possible integration of primary, specialty and subspecialty care in CBOCs. Also, movement of service to CBOCs may eliminate some renovation costs at Medical centers. This should be included in anaylsis. Commissioners are unable to determine the adequacy of the DNCP's response to Mental Health care gaps without valid data on mental health, psychiatry, and long term care.
South	Inpatient Medicine Care and	Increasing demand for medicine and psychiatry care in the SC market will	Commissioners have some unanswered concerns regarding the feasibility of

Carolina	Psychiatry Care	be met by contract hospital sites, conversion of vacant space, new construction, renovation, and leasing as required by each site of care.	contracting in certain communities in this market area. Commissioners would like more information regarding the communities' capacity and ongoing commitment to contract with VA for veteran-patient health care. Commissioners are unable to determine the adequacy of the DNCP's response to Mental Health care gaps without valid data on mental health, psychiatry, and long term care.
South Carolina	Extended Care	Proposed capital investments for Nursing Home Care Units (NHCU) to remedy space deficiencies include the renovation of 67,247 existing sq. ft. in the SC market (Charleston & Columbia).	Commissioners would like additional details regarding the proposed capital investments for nursing home care units and what gaps in service the renovations will solve. (NOTE: It was stated in Network Leadership testimony that the renovations of existing nursing home care units would free up inpatient space currently used for nursing home patients. A follow-up to the VISN should be made to clarify this proposal.)
South Carolina	Enhanced Use	The **Medical Univ of SC** has proposed buying the existing **Charleston VAMC** and property and then through an Enhance Use, leases new hospital space to the VA. **NOTE: This is not specifically mentioned in the DNCP. Also, the original market plan has been modified at the VISN level. New proposal is for the Medical University of SC to lease land from VA.**	The VISN includes collaborative opportunities with the Medical University of SC and VBA's Regional Office in Columbia as Enhanced Use Lease Opportunities. For details on VBA, see VBA Collaborative Opportunity. Although many questions remain regarding the Enhanced Use Lease process, Commissioners conceptually agreed with the Enhanced Use Lease opportunity with the Medical University of SC. Commissioners felt this opportunity represents a possible framework for future private sector and hospital partnerships. General EUL: Commissioners would like to see the Network explore other opportunities from public and private sector entities that would focus their enterprises – directly on services and facilities that would benefit veterans. EUL for Homeless Veterans' Programs: The Commissioners would like the Network to explore EUL opportunities that embrace services for homeless veterans. Commissioners would like data regarding the number of current and projected homeless veterans in VISN 7.
South	VBA Collaborative Opportunity	Columbia VAMC has an enhanced use project utilizing 26 acres. This project	Commissioners felt the co-location of the VBA Regional Office in Columbia to the

Carolina		will co-locate VBA's VARO on the Columbia VAMC property.	Columbia VAMC property was good utilization of existing acres. However, the Commissioners would like: 1. Supporting CBA data on this relocation; and 2. Would like the VBA Regional Office and the Charleston VAMC to consider locating VBA claims representatives at the Charleston VAMC.
South Carolina	DoD Collaborative Opportunity	**The Following are the new DOD/VA opportunities VISN 7 is planning or exploring in the South Carolina market: (1)** Charleston **plans to construct a new** Savannah CBOC **at** Hunter Army Airfield **when the current** Savannah CBOC **lease expires in 2005. (2)** New Hinesville GA CB**OC will either be on the** Ft. Stewart Army Base **or in the** Hinesville **community. (3) Plan to contract for hospital care in the** Savannah **community may be met by purchasing DoD care from nearby** Ft. Stewart**. (4) VISN 7/DoD has a Tiger Team in place to evaluate additional sharing opportunities including possible application for demonstration site for the VA/DoD Health Care Resources Sharing Project (NDAA).**	Commissioners feel more direction is needed from Office of the Secretary of Defense and the Secretary of Veterans Affairs regarding implementation of collaborative efforts between VA/DoD. Commissioners conceptually agree that maximizing space and services among VA and DoD health care operations provide for enhanced services to veterans. However, there are no firm plans on how this will be achieved. Commissioners would like further details on all of these proposals especially in light of the Network Leadership's testimony that implies some inquiries for inpatient services at DoD facilities have not been successful due to capacity issues. (See Page 5 of VISN 7 Executive Leadership Panel Testimony)
South Carolina	Facility Condition	Inpatient wards - The inpatient ward conditions at the **Atlanta, Columbia, and Charleston** VAMC's were identified as a VISN Planning Initiative.	Commissioners request supporting data particularly data and information regarding the facility condition scoring and analysis.
South Carolina	Proximity – 120 mile Tertiary	**Augusta, Columbia, Charleston**: The status quo is recommend, since no additional consolidations of services are feasible, and the CARES model projects significant need for additional capacity in specialty care and medicine. Consolidations have already taken place in the areas of cardiac surgery, neurosurgery, invasive/interventional cardiology, orthopedics, and administrative services	Through testimony, Commissioners learned that the Columbia VAMC is not a full tertiary hospital. Commissioners would like supporting data to justify the recommendation for Augusta and Charleston to maintain status quo.

VI. Other Comments

- Three themes resonated from today's hearing that require further exploration (see Section VII below for additional details and requests for information on these themes.)
    - Enhanced Use Leasing
    - Determination of types of services to be offered in CBOCs
    - Definition of "Super CBOCs"

VII. Follow-up questions for VHA or VISN Leadership (if applicable)

- Access to Primary and Hospital Care: Commissioners would like to see supporting data for selection of the geographic locations in the South Carolina market.
- Outpatient Primary Care, Specialty Care, and Mental Health:
    - For Primary Care, Commissioners would like to see data that support these new CBOCs.
    - For Specialty care at CBOCs Commissioners would like to see analysis regarding the kinds of specialty services to be offered in CBOCs and a CBA to determine the effectiveness of moving subspecialties out of VAMCs and into CBOCs. Commissioners would like a definition of "Super Clinics.
- Inpatient Medicine Care and Psychiatry Care: Commissioners would like more information regarding the communities' capacity and ongoing commitment to contract with VA for veteran-patient health care.
- Extended Care: Commissioners would like additional details regarding the proposed capital investments for nursing home care units and what gaps in service the renovations will solve.
- Enhanced Use: Commissioners would like data regarding the number of current and projected homeless veterans in VISN 7.
- VBA Collaboration: Commissioners would like supporting CBA data on this relocation of the Columbia Regional Office to the Columbia VAMC.
- DoD Collaboration: Commissioners would like further details on all DoD collaborative proposals especially in light of the Network Leadership's testimony that implies some inquiries for inpatient services at DoD facilities have not been successful due to capacity issues. (See Page 5 of VISN 7 Executive Leadership Panel Testimony)
- Facility Condition: Commissioners request supporting data particularly data and information regarding the facility condition scoring and analysis.
- Proximity – 120 Mile Tertiary Hospital: Commissioners would like supporting data to justify the recommendation for Augusta and Charleston.